MIAMI-DADE COUNTY

ESCALATOR DATA INSPECTION REPORT
NEW and MODERNIZED EQUIPMENT
(One form may be used for multiple identical units)

1. Permit Number: _____ **State Serial No.:** _____ **Owners Esc. No.** _____

2. Name of Building: _____ **Date Inspected:** _____

3. Address: _____ **City:** _____ **ZIP:** _____

4. Building Used as _____ **Who Uses Elev.?**_____
(Hotel, Office Bldg., Store, Fact., Whse., etc**.**)   (Tenants, Public, Emps.)

5. No. Elevators on Premises: Passenger _____**Freight** _____ **Service** _____

6. Dumbwaiter _____**Escalator** _____ **Moving Walk** _____**Other** _____

6. Report Covers Escalators_____ **Owners ID No.** _____ **ASME Code** _____
(How Many)   (Which edition)

7. Mfg's. Name_____ **Mfg. ID No.** _____ **Date Permitted**_____ **Floors served**_____

8. Direction_____ **Escalator installed side by side**_____ **crossed**_____ **single**_____

9. Capacity _____ **Speed**_____ **Rise in Feet and inches** _____ **or M/mm:** _____
(Pounds-Persons – Persons per hour)   (Feet Per Minute)

10. Is there a Service Contract? _____ **Whom With?** _____ **What Type?** _____
(Y or N)   (New install, full maintenance, O & G)

12. Escalator Finished Enclosure: Wood _____ **Masonry** _____ **Sheet Metal** _____ **Other**_____

13. Floor openings protected against fire passage _____ **How :** _____**Truss and machine fire - resistant cladding:** _____
(Yes or No)   (sprinkler, enclosure)   (material type)

14. Width between balustrades_____ **Is any glass in balustrades tempered?** _____ **Type of skirt material:** _____

15. Clearance between balustrade and step_____ **Side Skirt/Step Index:** _____ **Skirt brushes:** _____
(yes or no)

16. Minimum overhead clearance where escalator passes thru floor_____

17. Ceiling guards installed: _____ **Anti slide knobs:** _____ **Low deck barricades at top/bottom:** _____

18. Type of handrail material_____ **Method of Tension**_____ **Broken handrail switch provided:** _____
(rubber, poly)

19. Distance handrail travels past upper combplate: _____ **Lower:** _____ **Width between handrails:** _____

20. Handrail enters balustrade guard above or below newel stand: _____

21. Number of Steps Exposed: _____ **Width of Step:** _____ **Type step construction:** _____

22. Landings Lighting: _____ **Sufficient Access Area**_____
(Foot candles)   (Upper, lower)

23. Machine Location_____ **Voltage AC**_____ **GFCI:** _____ **Truss Smoke Detector:** _____
(how many?)

24. Light in machine room area provided _____

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25. Drive_____ **Broken Chain Brake**_____
       (Chain, Spur gear)

26. Machine Brake type_____ **Brake Torque Min.:** _____ **Max.:** _____
                                                 (Manufacturer design parameters)
27. Key starting Switch Location: _____

28. Non-Reversal Switch Properly Set_____ **Emergency Stop Button**_____ **Type of Alarm:** _____

GENERAL

Are physical, maintenance and operating conditions satisfactory except as covered by recommendations?_____
                   (Yes or No)

If No, explain _____

CONTRACTOR: _____ **REC#:** _____ **DATE:** _____
              (Printed)

MECHANIC: _____ **CET #:** _____ **DATE:** _____
            (Printed)

_____
          (Signature)

INSPECTOR: _____**CEI #:** _____ **DATE:** _____
           (Printed)

_____
          (Signature)